

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr G</i>		<i>10/27/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>MM</i>	<i>5C4/920</i>	<i>11-01-00</i>
RESPONSE FORMALITY REVIEW	<i>let</i>	<i>907</i>	<i>6-15-01</i>

*Done  
12/2/00*

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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